									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								32368-20045Z						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	וווץ ביוון	OR		R THAN ENTITY	
T	OTAL CLAIMS	3	21			1 1			T	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEI	770.00	
Ţ	OTAL CHARGE	ABLE CLAIMS	2/ minus 20=		•	. ,		. XS 9=			OR	X\$18=		
EN	DEPENDENT C	ZAIMS	3 minus 3 =					X43=			OR	X86=	18	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT	· · ·					+					
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	1		OR	+290=		
									L		OR	TOTAL	288	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	ı FI	utitv	OR	OTHER		
ENTA	· ·	(Column 1) CLAIMS	 	HIGH	EST	(Column 3)	1	SMACL		ADDI-	ם ד		ADDI-	
	5(60)	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE		IONAL FEE	1	RATE	TIONAL	
AMENDMENT	Total	. 2\	Minus	. 6	21	- /		XS 9=			OR	XS18=		
3	Independent	. 3	Minus			- /-	ſ	X43=	·	7.	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145-	†	/		+290=		
	•	L	+145=	\mathcal{N}		OR	TOTAL							
									ĒL		OR,	ADDIT. FEE		
_	ii	(Column 1)		(Colum		(Column 3)	-			==-		/		
AMENDMENT B		REMAINING AFTER		NUMB PREVIO	EA	PRESENT EXTRA		RATE		ADDI-		RATE	ADDI- TIONAL	
		AMENDMENT		PAIDF		J	L		1	FEE			FEE	
	Total ·	•	Minus	.**		-		XS 9≖			OR	X\$18=	-	
AME	Incependent	•	Minus			-	Γ	X43=	Τ		OR	X86≃		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	T			. 000		
									-		OR	+290=		
											OR,	TOTAL VODIT. FEE		
	(Column 1) (Column 2) (Column 3)										_			
AMENDMENT C		REMAINING AFTER AMENDMENT		MUMBI PREVIOL PAID FI	er JSLy	PRESENT EXTRA		RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus ::	••		•	Г	X\$ 9=	П		OR	X\$18=		
	Indep ndent	•	Minus .	***		•	F	X43=	┢			X86⇒		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR	V003		
							1	145=	1		OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. YOTAL Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE												TOTAL DDIT, FEE		
		mber Previously Paid ber Previously Paid					_			riate box				
	g	,			.,									

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